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APPLICANTS

Two PB

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** CONTINUING DATA *****

None PB

** FOREIGN APPLICATIONS *****

None PB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after priority				
Verified and Acknowledged	Examiner's Signature <i>Philip J. Fay</i>	Initials <i>PB</i>		

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TITLE

Valved catheter to bypass connector

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 842		<input type="checkbox"/> 1.16 Fees (Filing)
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